## REPORTING SAFETY INCIDENTS

1. There are two ways to get to this



- a. From the Safety worklet
- click Report Incident
- **b.** From the **Search Bar**, type **Report Safety Incident**. Open **Report** Safety Incident.
- 2. Read the instructional text at the top of the page in green, seen below in screenshot.

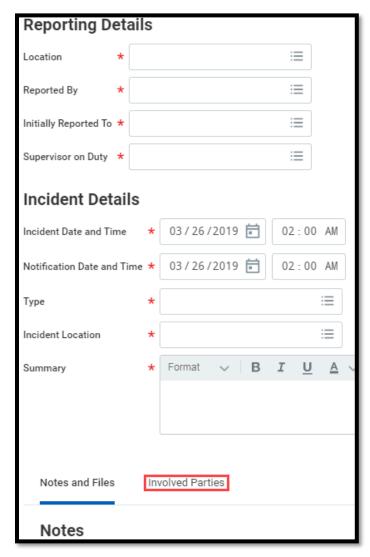
As you report a safety incident, be sure to complete all of the following sections:

- Reporting Details
- Incident Details
- · Click the "Involved Party Section" tab and select "Add"
- · Open and enter Name and Contact Information
- Open and enter "Nature of Injury/Illness" select "Add" and complete "Treatment Disposition"
- Open and enter "Report Details" and answer the last 3 questions in under "Investigation"
- . The "Notes" section is optional.
- · No need to complete anything in the "Time Lost" sections.
- · Use the "Attachment" section for things such as the PSR, photos, eye witness statement(s), vehicle accident reports, etc.

ake sure vou answer all fields with and asterick (\*).

- Fill in Location
- Fill in Reported By Typically the employee who is injured
- Fill in Initially Reported To Typically a Manager or Lead Worker
- Fill in **Supervisor on Duty** This is the employee's direct management
- Enter Incident/Notification Date and Time
- Select **Type** from menu
- Fill in Incident Location
- 10. Fill out Summary with as much detail as possible. Make sure to not use





- 11. If it is an injury, you need to click Involved Parties





**b.** Use the worker field to find employee, after you choose the employee their information will auto-populate in fields below.



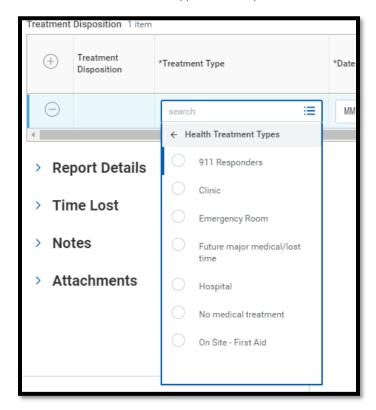
- c. Click Nature of Injury/Illness
  - i. Fill Out Nature of Injury/Illness, Body Part Code/Side (you can select more than one, if needed), and Source of Injury
  - ii. Click Treatment Required and fill out Treatment Description. Make sure to not use names, his, or her; but use employee.



iii. Click the plus sign under Treatment Disposition



(1) Click in the box under **Treatment Type**, select **Health Treatment Types,** and then choose the correct option. – This is the type of facility where treatment was received





- (2) Fill in Date
- (3) Click in the box under **Health Facility** and choose the correct option.
- (4) You will need to scroll to the right to fill in **Health Worker** following same steps for **Health Facility** and **Treatment Type** Most likely the same as the health facility.



## d. Click Report Details

- i. Under the Investigation section fill out:
  - (1) What was the worker doing right before the Incident occurred?
  - (2) Describe the facts about the accident in detail
  - (3) What preventative measures need to be taken?

Make sure to not use names, his, or her; but use employee.

## 12. Click Submit

The safety team may follow up in case further clarifications are needed. You can also reach out the safety team in Ames at 515-239-1399 or by email at DOT-safety.

